

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 JUL 19 AM 10:13

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

F I R S T C O M M O N W E A L T H F I N A N C I A L C O R P O R A T I O N P A C

T e r e s a M C i a m b o t t i

ADDRESS (number and street)

P O B o x 4 0 0



Check if different  
than previously  
reported. (ACC)

I n d i a n a P A 1 5 7 0 1 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 4 8 1 8 5

3. IS THIS  
REPORT



NEW  
(N) OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 6

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 6

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 6

through

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 6

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 6

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Teresa Ciambotti

Signature of Treasurer

Teresa Ciambotti

Date

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 6

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 6

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FIRST COMMONWEALTH FINANCIAL CORPORATION PAC

Report Covering the Period:

From:

04 / 01 / 2016

To:

06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		6,982.86
(b) Cash on Hand at Beginning of Reporting Period.....	7,890.28	
(c) Total Receipts (from Line 19).....	7,711.16	9,868.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,601.44	16,851.44
7. Total Disbursements (from Line 31).....	1,000.00	2,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14,601.44	14,601.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

Report Covering the Period: From: 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	6

 To: 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	6

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

- (a) *Individuals/Persons Other Than Political Committees*
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

4,950.00
2,761.16
7,711.16
0.00
0.00

5,931.20
3,937.38
9,868.58
0.00
0.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

7,711.16
----------

9,868.58
----------

**12. Transfers From Affiliated/Other Party Committees.....**

0.00
------

0.00
------

**13. All Loans Received.....**

0.00
------

0.00
------

**14. Loan Repayments Received.....**

0.00
------

0.00
------

**15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....**

0.00
------

0.00
------

**16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....**

0.00
------

0.00
------

**17. Other Federal Receipts (Dividends, Interest, etc.).....**

0.00
------

0.00
------

**18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....**

0.00
------

0.00
------

**(b) Levin Funds (from Schedule H5).....**

0.00
------

0.00
------

**(c) Total Transfers (add 18(a) and 18(b))..**

0.00
------

0.00
------

**19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶**

7,711.16
----------

9,868.58
----------

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

7,711.16
----------

9,868.58
----------

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0 00	0 00
(ii) Non-Federal Share .....	0 00	0 00
(b) Other Federal Operating Expenditures .....	0 00	0 00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0 00	0 00
22. Transfers to Affiliated/Other Party Committees .....	0 00	0 00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0 00	1,250 00
24. Independent Expenditures (use Schedule E) .....	0 00	0 00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0 00	0 00
26. Loan Repayments Made .....	0 00	0 00
27. Loans Made .....	0 00	0 00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 00	0 00
(b) Political Party Committees .....	0 00	0 00
(c) Other Political Committees (such as PACs) .....	0 00	0 00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0 00	0 00
29. Other Disbursements .....	1,000 00	1,000 00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 00	0 00
(ii) "Levin" Share .....	0 00	0 00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 00	0 00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0 00	0 00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,000 00	2,250 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	1,000 00	2,250 00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7,711.16	9,868.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7,711.16	9,868.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

A. Full Name (Last, First, Middle Initial) **Ciambotti, Teresa M.**

Mailing Address  
PO Box 400

City State Zip Code  
Indiana PA 15701

FEC ID number of contributing  
federal political committee.

**C 00348185**

Name of Employer  
FCB

Occupation  
Controller/SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**06 / 07 / 2016**

Amount of Each Receipt this Period

**300.00**

B. Full Name (Last, First, Middle Initial) **Latimer, Luke A.**

Mailing Address  
PO Box 400

City State Zip Code  
Indiana PA 15701

FEC ID number of contributing  
federal political committee.

**C 00348185**

Name of Employer  
FCFC

Occupation  
Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**06 / 07 / 2016**

Amount of Each Receipt this Period

**300.00**

C. Full Name (Last, First, Middle Initial) **Foraker, Stanley R.**

Mailing Address  
PO Box 400

City State Zip Code  
Indiana PA 15701

FEC ID number of contributing  
federal political committee.

**C 00348185**

Name of Employer  
FCB

Occupation  
Mortgage Banker Executive/EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**06 / 16 / 2016**

Amount of Each Receipt this Period

**300.00**

SUBTOTAL of Receipts This Page (optional).....▶

**900.00**

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

Full Name (Last, First, Middle Initial)

**A. Riggle, Carrie**

Mailing Address  
PO Box 400

City  
Indiana

State Zip Code  
PA 15701

FEC ID number of contributing  
federal political committee.

C 0 0 3 4 8 1 8 5

Name of Employer  
FCB

Occupation  
Human Resources Mgr/EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4 200.00

Date of Receipt

0 5 / 1 3 / 2 0 1 6

Amount of Each Receipt this Period

3 00 00

Full Name (Last, First, Middle Initial)

**B. Culos, Joseph**

Mailing Address  
PO Box 400

City  
Indiana

State Zip Code  
PA 15701

FEC ID number of contributing  
federal political committee.

C 0 0 3 4 8 1 8 5

Name of Employer  
FCB

Occupation  
Financial Solutions Exec/SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5 00 00

Date of Receipt

0 5 / 1 7 / 2 0 1 6

Amount of Each Receipt this Period

5 00 00

Full Name (Last, First, Middle Initial)

**C. Emmerich Jr. Robert**

Mailing Address  
PO Box 400

City  
Indiana

State Zip Code  
PA 15701

FEC ID number of contributing  
federal political committee.

C 0 0 3 4 8 1 8 5

Name of Employer  
FCB

Occupation  
Chief Credit Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 00 00

Date of Receipt

0 5 / 2 0 / 2 0 1 6

Amount of Each Receipt this Period

3 00 00

SUBTOTAL of Receipts This Page (optional).....▶

1 100 00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

Full Name (Last, First, Middle Initial) **Buckiso, David B.**

<b>A.</b>		Date of Receipt
Mailing Address PO Box 400		05 / 20 / 2016
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C 00348185		Amount of Each Receipt this Period 500.00
Name of Employer FCB	Occupation Wealth Services Mgr/EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>		Date of Receipt
Full Name (Last, First, Middle Initial) <b>Greenfield, David W.</b>		06 / 02 / 2016
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C 00348185		Amount of Each Receipt this Period 300.00
Name of Employer FCFC	Occupation Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>		Date of Receipt
Full Name (Last, First, Middle Initial) <b>Ventura, Robert J.</b>		06 / 03 / 2016
Mailing Address PO Box 400		
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C 00348185		Amount of Each Receipt this Period 300.00
Name of Employer FCFC	Occupation Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)..... ►

1,100.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page.

FOR LINE NUMBER:		PAGE 9 OF 11	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

<b>A.</b>		Full Name (Last, First, Middle Initial) <b>Claus, Gary R.</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016	
Mailing Address PO Box 400		City Indiana		State PA	
FEC ID number of contributing federal political committee.		Zip Code 15701		Amount of Each Receipt this Period 400.00	
FEC ID number: <b>C 00348185</b>		Occupation Board Member			
Name of Employer FCFC		Aggregate Year-to-Date ▼ 400.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>B.</b>		Full Name (Last, First, Middle Initial) <b>Montgomery, Norman J.</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2016	
Mailing Address PO Box 400		City Indiana		State PA	
FEC ID number of contributing federal political committee.		Zip Code 15701		Amount of Each Receipt this Period 500.00	
FEC ID number: <b>C 00348185</b>		Occupation Business Integration Grp Manager			
Name of Employer FCB		Aggregate Year-to-Date ▼ 500.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>C.</b>		Full Name (Last, First, Middle Initial) <b>Glass, Johnston</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2016	
Mailing Address PO Box 400		City Indiana		State PA	
FEC ID number of contributing federal political committee.		Zip Code 15701		Amount of Each Receipt this Period 300.00	
FEC ID number: <b>C 00348185</b>		Occupation Board Member			
Name of Employer FCFC		Aggregate Year-to-Date ▼ 300.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional).....▶				1,200.00	
TOTAL This Period (last page this line number only).....▶					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Price, T. Michael</b>		Date of Receipt <div> <div>MM</div> <div>DD</div> <div>YY</div> </div>
Mailing Address PO Box 400 City State Zip Code Indiana PA 15701		Amount of Each Receipt this Period <div>400.00</div> (6/14/16-6/29/16) (\$200.00 Semimonthly)
FEC ID number of contributing federal political committee. <b>C 00348185</b>		
Name of Employer FCB	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>700.00</div>	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Zuro, Matthew</b>		Date of Receipt <div> <div>MM</div> <div>DD</div> <div>YY</div> </div>
Mailing Address PO Box 400 City State Zip Code Indiana PA 15701		Amount of Each Receipt this Period <div>250.00</div>
FEC ID number of contributing federal political committee. <b>C 00348185</b>		
Name of Employer FCB	Occupation Senior Corporate Banker/SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>250.00</div>	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Reske, James</b>		Date of Receipt <div> <div>MM</div> <div>DD</div> <div>YY</div> </div>
Mailing Address PO Box 400 City State Zip Code Indiana PA 15701		Amount of Each Receipt this Period <div>0.00</div>
FEC ID number of contributing federal political committee. <b>C 00348185</b>		
Name of Employer FCB	Occupation EVP/CFO/EVP Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>246.20</div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>650.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

A. Full Name (Last, First, Middle Initial) <b>Grebenc, Jane</b>	
Mailing Address <b>PO Box 400</b>	
City <b>Indiana</b>	State Zip Code <b>PA 15701</b>
FEC ID number of contributing federal political committee. <b>C 00348185</b>	
Name of Employer <b>FCB</b>	Occupation <b>President/EVP/Chief Revenue Officer</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>212.80</b>

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**0.00**

B. Full Name (Last, First, Middle Initial) <b>Lombardi, Leonard V.</b>	
Mailing Address <b>PO Box 400</b>	
City <b>Indiana</b>	State Zip Code <b>PA 15701</b>
FEC ID number of contributing federal political committee. <b>C 00348185</b>	
Name of Employer <b>FCB</b>	Occupation <b>Chief Audit Executive/EVP</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>222.20</b>

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**0.00**

C. Full Name (Last, First, Middle Initial)	
Mailing Address <b>PO Box 400</b>	
City	State Zip Code
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

**0.00**

TOTAL This Period (last page this line number only)..... ►

**4,950.00**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COMMONWEALTH FINANCIAL CORPORATION PAC**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement																					
Friends of Senator Don White		<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td>0</td><td>7</td><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr></table>		M	M	D	D	Y	Y	Y	Y	Y	Y	0	6	0	7	2	0	1	6		
M	M	D	D	Y	Y	Y	Y	Y	Y														
0	6	0	7	2	0	1	6																
Mailing Address																							
PO Box 363																							
City	State	Zip Code																					
Indiana	PA	15701																					
Purpose of Disbursement		Category/Type																					
Contribution		011																					
Candidate Name																							
Don White																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Amount of Each Disbursement this Period

1,000.00

<b>B.</b>		Date of Disbursement																					
		<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M	D	D	Y	Y	Y	Y	Y	Y										
M	M	D	D	Y	Y	Y	Y	Y	Y														
Mailing Address																							
City		State	Zip Code																				
Purpose of Disbursement		Category/Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Amount of Each Disbursement this Period

<b>C.</b>		Date of Disbursement																					
		<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M	D	D	Y	Y	Y	Y	Y	Y										
M	M	D	D	Y	Y	Y	Y	Y	Y														
Mailing Address																							
City		State	Zip Code																				
Purpose of Disbursement		Category/Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

1,000.00

TOTAL This Period (last page this line number only).....▶

1,000.00

**monwealth Bank.**

es: Philadelphia and 6th Streets, P.O. Box 400  
5701-0400

SS SERVICE REQUESTED

CELOPE TO THE RIGHT  
OF THE RETURN ADDRESS  
FIELD AT DOTTED LINE  
**CERTIFIED MAIL™**



7012 1010 0002 7755 5317

RETURN RECEIPT  
REQUESTED

FEDERAL Election Commission  
999 East Street N.W.  
Washington, D.C. 20463

RETURN RECEIPT  
REQUESTED

NO. 10 ON 110 ON 0000000000

RECEIVED  
REC MAIL CENTRAL  
2016 JUL 19 AM 10:13

2016-10-20 10:00:00

PREPARER  
(3/2015)